

125

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth

(Registration District)

County

No.

St.

SEX OF CHILD* <b>male</b>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <b>Dec. 7, 1911</b> (Month) (Day) (Year)			
FULL NAME <b>William Franklin Goodsell</b>		FATHER	
FULL MAIDEN NAME <b>Preble Anne Marshall</b>		MOTHER	

I HEREBY CERTIFY that the child described  
herein has been named

**Thomas Goodsell**  
(Give name in full) (Surname)

**Edith Glascoe**  
(Parent's Signature)  
older **Sam an older cousin**  
(Signature of Physician or Midwife) **Age 48.**

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

373-1207-743